FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:59

DOCUMENT # N31207 (6)

1. Corporation Name

THE WILLOWS CONDOMINIUM ASSOCIATION-SEMINOLE, FL
ORIDA, INC.

Principal Place of Business	Mailing Address
% THE WILLOWS CONDOMINIUM DEVELOPMENT CORP 6099 113TH STREET NORTH SEMINOLE FL 34642	% THE WILLOWS CONDOMINIUM DEVELOPMENT CORP 6099 113TH STREET NORTH SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1989
3a. Date of Last Report: 03/14/1994
4. FEI Number: ~~60-1206738~~ 59-2999871 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~BACON, DAVID A.~~
~~2059 FIRST AVENUE NORTH~~
~~ST. PETERSBURG FL 33713~~

10. Name and Address of New Registered Agent

81 Name: Mark S. Stoops
82 Street Address (P.O. Box Number Is Not Acceptable): 13535 Feather Sound Dr.,#125
83
84 City: Clearwater, 85 FL Zip Code: 34622

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and agree to comply with, the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	President D	XX Change ☐ Addition
NAME	~~MCBRIDE, ROSS~~	12 NAME	Dennis Drevniok	
STREET ADDRESS	~~1500-130 ALBERT ST~~	13 STREET ADDRESS	P.O. Box 278 N/A	
CITY-ST-ZIP	~~OTTAWA, ONTARIO, CAN~~	14 CITY-ST-ZIP	Russell, Ontario K4R 1E3	
TITLE	~~VD~~	21 TITLE	Secretary D	XX Change ☐ Addition
NAME	~~DONNELLY, JAMES~~	22 NAME	Roch Chatelain	
STREET ADDRESS	~~1500-130 ALBERT ST~~	23 STREET ADDRESS	6281 Hunters Run Gate	
CITY-ST-ZIP	~~OTTAWA, ONTARIO, CAN~~	24 CITY-ST-ZIP	Orleans, Ontario K1C 6W6	
TITLE	~~STD~~	31 TITLE	Director	XX Change ☐ Addition
NAME	~~VAUGHAN, CRAIG~~	32 NAME	Ross Bryans	
STREET ADDRESS	~~1500-130 ALBERT ST~~	33 STREET ADDRESS	~~3 Thornton Avenue~~ 1184 BANK ST SUITE 200	
CITY-ST-ZIP	~~OTTAWA, ONTARIO, CAN~~	34 CITY-ST-ZIP	Ottawa, Ontario K1S ~~3B3~~ 3X7	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] DENNIS DREVNIOK March 14/95 613 445-2944
SIGNATURE AND TYPED OR PRINTED NAME OF IDENTIFIED OFFICER OR DIRECTOR — Date — Daytime Phone #

000733